

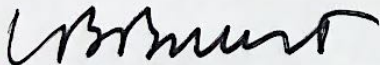
EXHIBIT Y

SUPPLEMENTAL DECLARATION OF LARRY BRILLIANT, M.D., MPH

I, Larry Brilliant, hereby submit this declaration in support of the Motion for Preliminary Injunction filed by the Plaintiffs in the above captioned matter and, in support thereof, I state as follows:

1. I have reviewed the Plan for Action to Protect Residents of Long-Term Care Facilities. I have been informed that this level of care has not been provided to the residents of long-term care facilities in Pennsylvania. In order to reduce the astounding level of deaths from COVID-19, it is my opinion that a plan of care similar to this is needed to reduce the spread of infection and save many lives.
2. Testing, tracing, and isolation are actions that are required in any infectious disease outbreak and are the primary methods by which the disease can be controlled, in the absence of an effective treatment or vaccine. Without rapid testing and contact tracing, the disease will very likely continue to flourish.
3. We are in a stage in some states and regions of this country where the infection rate seems to be waning. However, lacking widespread testing, this is a conclusion that is likely not accurate.
4. Even if Pennsylvania is in a stage now where the spread of the virus has slowed, it is by no means gone. Community spread will continue, especially since most of the state is now "open". Infection rate will rise, potentially more than before since people are less likely to be cautious at this juncture.
5. Any increase in the replication rate will obviously increase the spread and make it much harder to mitigate and contain.
6. With staff going in and out of long-term care facilities, the risk of virus spread is real and serious.
7. Without adequate widespread and rapid testing now of all residents and staff (who have not already tested positive), and without continued testing of staff and newly admitted patients, the infections with COVID-19 will continue and will likely increase as community spread increases. It is not a question of whether community spread will increase, but only a question of when.
8. In order to be prepared to meet the rise in cases, and to mitigate what already exists, action must be taken quickly. The Plan for Action is based on best practices and ought to be implemented in short order.

I hereby affirm that the foregoing is true and correct based upon my knowledge, information, and belief, and I make these statements subject to the penalty of perjury.



Larry Brilliant, M.D., MPH

Date: June 12, 2020

PLAN FOR ACTION TO PROTECT RESIDENTS OF LONG-TERM CARE FACILITIES

- DOH to contract with provider for RT-PCR test kits (see Appendix for potential suppliers)
- DOH to train LTCF personnel to obtain swab samples (see Appendix for training resources, which are free).
 - Potential for those trained to train others, or train all sampling personnel online
- Secretary of Health issues class order for testing for all LTCF residents and staff
- Perform RT-PCR swab testing on all residents who have not already tested positive; and on all staff who have not already tested positive (see appendix for references on pooled testing to test large numbers of individuals quickly)
- DOH to supply appropriate PPE to all staff doing testing
- DOH to supply appropriate PPE to all staff interacting with COVID-19 positive patients
- DOH to supply medical grade surgical masks for all residents in sufficient quantities (per WHO recommendation – see Appendix)
- DOH to require Facility to Record/Log results of all testing and report to DOH;
- DOH to perform or contract for contact tracing for all positive patients and staff; Test contacts within the facility if not already tested (or tested positive previously) (see appendix)
- DOH to direct Facilities to separate positive residents from negative, in different wing or floor of facility and assist with logistics
 - DOH to require facilities to monitor all positive patients twice per day (or as medically indicated) for vital signs and pulse oximetry.
 - DOH to require facilities to have a plan for transfer of patients who need hospital care (e.g. pulse oximetry baseline deviation or increase in temperature)
- DOH to institute plan to test all staff, who have not already tested positive, twice per week.
- If a staff person tests positive, all contacts within facility to be tested
- DOH to require facility to submit plan to DOH for backup staffing when regular staff must be out due to illness (DOH to support with its contacts and resources)

Appendix

Testing resources:

<https://microgendx.com/covid19/> (6,000 test per day capacity)

<https://www.vikorscientific.com/> (\$100 per test)

<https://www.aegislabs.com/our-services/covid19-testing/> (7,000 tests per day)

<https://www.amsonsite.com/>

<https://techcrunch.com/2020/04/21/labcorps-at-home-covid-19-test-kit-is-the-first-to-be-authorized-by-the-fda/> (lab corp test designed to be taken at home)

In circumstances where the facility needs staffing assistance to complete testing it may be advisable to request Medical Reserve Corps or National Guard Medical personnel to complete testing. If allowed by the authority having jurisdiction (AHJ) establishing EMS scope of practice, the facility might be able to use certified / licensed EMS providers as well.

Pooled Testing

<https://idss.mit.edu/vignette/pooled-sample-testing-a-memo/>

<https://www.biorxiv.org/content/10.1101/2020.04.06.028431v1.full.pdf>

<https://healthpolicy.usc.edu/article/a-testing-strategy-to-get-americans-back-to-work-and-school/>

(layman's explanation of Pooled testing)

Masks

WHO Guidance (Masks): [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak) WHO reference number WHO/2019-nCov/IPC_Masks/2020.4

Training

Training materials are available free of charge from the National Emerging Special Pathogen Training and Education Center (NETEC; www.NETEC.org). NETEC is comprised of faculty and staff from Emory University, the University of Nebraska Medical Center/Nebraska Medicine, and New York City Health and Hospitals/Bellevue Hospital Center.

Contact Tracing

Rapid Training: https://learn.astho.org/p/ContactTracer#tab-product_tab_overview

Free Johns Hopkins Contact Tracing Course <https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing>

Staffing Calculator: <https://preventepidemics.org/covid19/resources/contact-tracing-staffing-calculator/>

More resources available here: <https://testandtrace.com/resources/#training>